

Bedford Recreation Kids' Club
Medication Consent Form *WS*
102 CMR 7.05(2)(c)

Name of Child _____ Name of Medication_____

Prescription: _____ Non-prescription* _____

Date(s) medication to be given:_____

Time(s) medication to be given: _____ Dosage: _____

Reason(s) for medication:_____

Possible side effects: _____

Name, Phone Number of Prescribing Physician: _____

Directions for storage: _____

I, _____ (Parent/Guardian) give permission to authorized staff member(s) to administer medication as indicated above.

Parent/Guardian Signature

Date

*Doctor's Signature: _____ (required only for **non-prescription medication**)

FOR STAFF USE ONLY:

Has the Medication Consent form been completed? _____

Is the medication in a safety cap container? _____

Is the original prescription label on the medication container? _____

Is the name of the child stated on this consent form the same as the name on the container? _____

Is the date on the prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled; within the year otherwise)? _____

Is the dose, name of drug, frequency of administration given on the label consistent with the instructions given on this form by the Parent/Guardian? _____

Medication can be administered only if the answers to ALL questions above are “YES.”

Administration Record (This record must be maintained in the child's file when completed.)[illegible]